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PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 06/19/2007 W6/15/2007 AUUNDAF2 00000131 022448 10516554 **EXAMINER** ART UNIT **CLASS-SUBCLASS** 1400.GU DA 01 FC:15U1 STOCKTON, LAURA LYNNE 1626 514-387000 369.60 DA 62 FC:1564 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, hist Kōlăsch' (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. 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